



Please Print Clearly. *We do not keep any data.*  
The parent is the only one with the record when completed.

Childs First Name	
Middle Name	
Last Name	
Nick Name	
Parent / Guardian Name	
Gender	
Height	
Weight	
Eye Color	
Hair Color	
Glasses	
Race	
Date of Birth	
Distinguishing Marks	
Other Health Considerations	
Primary Phone Number	
Address	
Zip	
City	
State	

5 video Interview Questions

What Is your Name? \_\_\_\_\_

What is your best friends name? \_\_\_\_\_

How do you get home from school? \_\_\_\_\_

Where Is your favorite place to play? \_\_\_\_\_

Where do you like to go when you are upset? \_\_\_\_\_

The CD you receive can be viewed on any computer containing a CD drive. In the event your child is missing give the completed CD to the responding police agency. Keep the CD in your sock drawer. When your child goes anyplace take or send the CD with you. You can email the PDF form to the location your child may be staying.

Print Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Print name of parent or guardian \_\_\_\_\_  
I'm the Parent or Guardian of this child and give my full permission for him / her to participate in the Child Identification Program. I understand that I will be given the sole copy of all identification material, which I will own, and which will remain, under my control.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of parent or guardian: \_\_\_\_\_